HAND DELIVERED

AL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007  MAXINE WATERS  (Full Name)  Termination  Termination  Termination  Termination  Termination  Termination  Termination  Dailyou, your spouse, or a depandent child receive "unearned" income of a sementh or produle period?  If yes, complete and attach Schedule II.  Your spouse, or a depandent child inceed to report the period or build any reportable asset worth as \$200 at the reporting period?  To your spouse, or a depandent child inver any reportable asset worth as \$200 at the reporting period?  Typur spouse, or a depandent child inver any reportable asset worth as \$200 at the reporting period?  Typur spouse, or a depandent child inver any reportable asset worth as \$200 at the reporting period?  Typur spouse, or a depandent child inver any reportable asset worth as \$200 at the reporting period?  If yes, complete and attach Schedule IV.  Your spouse, or a depandent child inver any reportable inability  The spouse, or a depandent child inver any reportable in the schedule attached so the period or in the schedule attached so the decision in the schedule attached the period in the schedule in the schedule in the schedule in	d Yes No No	sets, "unearned" income, transactions, or liabilit	Exemptions Have you excluded from this report any other ass because they meet all three tests for exemption?	
NANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007  FOR use by Members, officers, and employees  FORM A NANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007  Filer  Maxime Waters  For use by Members, officers, and employees  For use by Most officers, and employees  For use by Members, of a sepanded child when the search of paying  For use by Members, of a sepanded child when the paying by and a search search and a search and a search and		Bilind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted d. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent	Trusts - Details regarding "Qualified trusts" need not be disclose	——— ,
Members, officers, and employees (213) 489-4792 (Daytime Telephone)  Employing Office:  Employing Office:  Spouse, or a dependent child receive any report period (i.e., aggregating more than \$305 and not period (i.e., aggregating more than \$305 and not plete and attach Schedule VII.  Typouse, or a dependent child receive any report responses, or a dependent child receive any report of the reporting period (worth more responses)  plete and attach Schedule VIII.  any reportable positions on or before the date of dar year?  plete and attach Schedule VIII.  any reportable agreement or arrangement with plete and attach Schedule IX.	TONE	Schedule attached for each "Yes" response.	FXCI USION OF SPOUSE DEBEND	
Members, officers, and employees (Members, officers, and employees (213) 489-4792 (Daytime Telephone)  Employing Office:  Employing Office:  ination Date:  ination Date:  spouse, or a dependent child receive any reported (i.e., aggregating more than \$305 and not plete and attach Schedule VII.  spouse, or a dependent child receive any reportis for travel in the reporting period (worth mornts)?  plete and attach Schedule VIII.  any reportable positions on or before the date of dar year?  plete and attach Schedule VIII.  any reportable agreement or arrangement with plete and attach Schedule VIII.	ind the appropriate	Yes Z No Each question in the	Did you, your spouse, or a dependent child have any re V. (more than \$10,000) during the reporting period?	
Members, officers, and employees (213) 489-4792 (Daytime Telephone)  Employing Office:  Spouse, or a dependent child receive any reporter and attach Schedule VII.  Spouse, or a dependent child receive any reports for travel in the reporting period (worth morrice)?  plete and attach Schedule VII.  any reportable positions on or before the date of dar year?  plete and attach Schedule VIII.  any reportable agreement or arrangement with		If yes, complete and att	if yes, complete and attach Schedute IV.	
Members, officers, and employees (213) 489-4792 (Daytime Telephone)  Employing Office:  Spouse, or a dependent child receive any reported (i.e., aggregating more than \$305 and no plete and attach Schedule VII.  spouse, or a dependent child receive any reports for travel in the reporting period (worth more tree)? plete and attach Schedule VII.  spouse, or a dependent child receive any reports for travel in the reporting period (worth more tree)? plete and attach Schedule VIII.	Yes No	Yes No IX. entity?	Did you, your spouse, or dependent child purchase, se IV. reportable asset in a transaction exceeding \$1,000 duri period?	
Members, officers, and employees (213) 489-4792 (Daytime Telephone)  Employing Office:  Spouse, or a dependent child receive any report period (i.e., aggregating more than \$305 and not period the and attach Schedule VI.  spouse, or a dependent child receive any report spouse, or a dependent child receive any reports for travel in the reporting period (worth mor rice)?  plete and attach Schedule VII.  any reportable positions on or before the date of dar year?			If yes, complete and attach Schedule III.	1
Members, officers, and employees (213) 489-4792 (Daytime Telephone)  Employing Office:  Spouse, or a dependent child receive any report period (i.e., aggregating more than \$305 and not period (i.e., aggregating more than \$305 and not period (i.e., aggregating more than \$305 and not period (i.e., aggregating period (worth more)?  Jete and attach Schedule VII.	Yes	Yes No VIII. current calendar year?	Did you, your spouse, or a dependent child receive "un III. more than \$200 in the reporting period or hold any reporting more than \$4 non at the and of the next year.	
Members, officers, and employees (Members, officers, and employees (213) 489-4792 (Daytime Telephone)  Employing Office:  ination Date:  spouse, or a dependent child receive any reported (i.e., aggregating more than \$305 and not period (i.e., aggregating more than \$305 and not plete and attach Schedule VI.  spouse, or a dependent child receive any reported travel in the reporting period (worth more than \$305 and not period travel in the reporting period (worth more than \$305 and not period that the reporting period (worth more than \$305 and not period that the reporting period (worth more than \$305 and not period that the reporting period (worth more than \$305 and not period that the reporting period (worth more than \$305 and not period that the reporting period (worth more than \$305 and not period that the reporting the reporting the reporting the reporting that the reporti			If yes, complete and attach Schedule II.	7
Members, officers, and employees (213) 489-4792 (Daytime Telephone)  Employing Office:  innation Date:  spouse, or a dependent child receive any report period (i.e., aggregating more than \$305 and no plete and attach Schedule VI.	or Yes	ieu of paying Yes No VII.	Did any individual or organization make a donation to c II. you for a speech, appearance, or article in the reporting	
Members, officers, and employees (213) 489-4792 (Daytime Telephone)  Employing Office:  spouse, or a dependent child receive any report period (i.e., aggregating more than \$305 and no		If yes, complete and att	If yes, complete and attach Schedule I.	_
Members, officers, and employees (213) 489-4792 (Daytime Telephone)  Employing Office:  ination Date:	Yes ∐ No	Yes 🕢 No 🗀 VI.	Did you or your spouse have "earned" income (e.g., sails or more from any source in the reporting period?	
For use by Members, officers, and employees  (213) 489-4792 (Daytime Telephone)  Officer Or Employing Office: Employee  Termination Date:		ISWER EACH OF THESE QUESTIONS	PRELIMINARY INFORMATION AN	ا ـــا
For use by Members, officers, and employees  (213) 489-4792 (Daytime Telephone)  Officer Or Employing Office: Employee	more than 30 days	Termination Date:	Annual (May 15)	
FORM A For use by Members, officers, and employees (213) 489-4792 (Daytime Telephone)	A \$200 penalty shall be assessed against anyone who files	State: CA Officer Or Employing Office:  District: 35 Employee	<b>K</b>	
FORM A  For use by Members, officers, and employees  (213) 489-4792	(Office Use Only)	(Daytime Telephone)	(Full Nar	T
FORM A For use by Members,	STALLWINSENESSHER OF STATE OF	(213) 489-4792	MAXINE W	
For use by Members,	IN MY 15 PM 3: CO	2008		
	SLATIVE RESOURCE CENTER	For use by Members,	UNITED STATES HOUSE OF I	

## SCHEDULE I - EARNED INCOME

	Name MAXINE WAIERS	Page 2 of /
List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more	than the filer's current employment by the U.S. Governm	ent) totaling \$200 or more
during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the	unt of any honoraria; list only the source for other spous	source for other spouse earned income exceeding
\$1,000.	•	(

4 , 000.		
Source	Туре	Amount
STATE OF CALIFORNIA	Legislative Pension	\$5,262
ICO VERMONT LP	Spouse Consulting Fee	N/A
BUCHANAN INGERSOLL & ROONEY	Spouse Consulting Fee	N/A
ICO DEVELOPMENT LLC	Spouse Consulting Fee	N/A

CONTRACTOR INCOME	DOSETO AND "INE!	
	Name MAXINE WATERS	
	Page 3	

ЧS	SP	ФS	SP		SP	5	Ç,	SP	pub of # add add boo boo boo by chill w. S.((SPS) (SPS)	nan pron	Ide
ONEUNITED BANK	2201 KIRK ST., HOUSTON, TX	TRACT UNIT 3557, LOT 96, CA	AMERICAN GOLF JT. VENTURE	CONGRESSIONAL FED, CRED, UNIO	ONEUNITED BANK	tst Bank of Paducah, KY accounts	Examples: Simon & Schuster	SP Mega Corp. Stock	publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.  Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not	Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide an address. Provide tell names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an
	-			2		┌┈			None	<b>&gt;</b>	
							হ	   	\$1 - \$1,000	8	ing in the other
	×	$\vdash$		×			Indefinite		\$1,001 \$15,000	0	at clos If you other please If an include
		X					ō		\$15,001 - \$50,000	g	. O a s → _ 0
								×	\$50,001 - \$100,000	lπ	BLOCK B  Value of Asset of reporting year. use a valuation than fair market specify the method asset was sold d only because it ge , the value should be
			×			X			\$100,001 - \$250,000	77	BLOCK B ue of A: porting y a valua fair ma fair me fy the me fy was s y because /afue shou
X					×				\$250,001 \$500,000	0	OCK B of Asset ring year. valuation air market the method was sold ecause it g se should by
									\$500,001 — \$1,000,000	Ι	B year. year. ation arkel ethod ethod sold sold sold suld be
									\$1,000,001 - \$5,000,000	-	dd war rect
									\$5,000,001 - \$25,000,000	۳ ا	method t value, used. and is enerated
				]					\$25,000,001 ~ \$50,000,000	×	hod lue, l. l. me."
								-	Over \$50,000,000	<b>-</b>	
					×			×	DIVIDENDS		7050
									RENT		Type of Incon Check all columns Leave blank if as generate any inco the calendar year.
×			×	×		×			INTEREST		ck a
									CAPITAL GAINS		e au mida
			Ţ <u>.</u>						EXCEPTED TRUST		Type of Income all columns the blank if asse the any income
									QUALIFIED BLIND TRUST		K C C C C C C C C C C C C C C C C C C C
			Profit Sharing				Royalties		Other Type of Income (Specify: For Example, Partnership Income or Farm I	ncome)	BLOCK C Type of Income Check all columns that apply. Leave blank if asset did not generate any income during the calendar year.
	×	×							None	-	200443397
				×					\$1 - \$200	=	Amount of inc  Amount of inc  For retirement plans or a do not allow you to choo investments, you may we income. For all other asset the category of income t the appropriate bo Dividends, even if reinves be listed as income. Che no income was received.
				1					\$201 - \$1,000	<b>=</b>	A stire on a land of the land
		_				<u> </u>		×	\$1,001 ~ \$2,500	<	BLOCK D  Amount of Income alirement plans or account allow you to choose systments, you may write "hene. For all other assets, in ategory of income by chategory or income be chaptropriate box bends, even if reinvested, sted as income. Check "Noted as income. Check "Noted as income.
~ <u>-</u>		ļ	<u> </u>						\$2,501 ~ \$5,000	<	Buryon nt p you all control of your year.
×		<del> </del>	_	T		×	_	-	\$5,001 - \$15,000	≤	BLOCK D  nt of In  plans or  you to ch  you may  l other as  of income  or late I  or late I  or if reliev  come. Col  s receive
			×		×	┢		<del> </del>	\$15,001 - \$50,000		sinve
		<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	┢			\$50,001 - \$100,000	VII VIII	pracco hoose hoose / write ssets ssets ssets ssets he by box weste heck heck /ed.
		-	<del></del> -			<del> </del>	×		\$100,001 - \$1,000,000	×	C. S. G. G. S. S. G. G. S. S. G. G. S. S. G. G. S.
		<del>  -</del>				<b> </b>		<u> </u>	\$1,000,001 ~ \$5,000,000	×	BLOCK D  Amount of Income  For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.
		<del> </del>				<del> </del>	!	-		×	
					i.		1	ס	யல்		BLOCK E Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Gontinuation Sheet (If heeded)			
BLOCK A  Asset and/or income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D  Amount of Income
SP, DC, JT	None	Over \$50,000,000 C DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED TRUST QUALIFIED BLIND TRUST Other Type of Income (Specify)	None
JT 549 So lucerne Blyd I.A	X		X
701 W. BARSTOW: PALM	5 ¢A X		X
MERRILL LYNCH MONEY MKT. (I	<u> </u>	X	X
EVERGREEN MID CAP FUND (RA		X	X
MERILL LYNCH CAP FUND (IRA	X		X
SP MER.LYNCH MONEY MKT. (IRA)	X X	4 ×	X
SP US TREASURY TIGR SER.! (IR	×		X
MERILL LYNCH CAP FUND (IRA		X	X
SP GLOBAL ALLOCATION FUND (IR	X	X	X
SP SMALL CAP WORLD FUND (IRA)	X		
1	X		X
┷	X	X	X
SP_MER.LYNCH CAP_FUND	X	X	X
ļ	X	*	X
<u> </u>	X		X
MERRILL LYNCH MONEY MKT.	X	X	X
SP ECI HOLDING, INC.	X	X	×
MASSACHUSETTS MUTUAL	X	X	X
₩	X	X	X
CW GOLF PARTNERS	X	X	X

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## SCHEDULE V - LIABILITIES

Name MAXINE WATERS

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, the balance at the close of the preceding calendar year exceeded \$10,000. or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if

JT		SP, DC, JT
WASHINGTON MUTUAL	CONGRESSIONAL FEDERAL CREDIT UNION	Creditor
MORTAGE ON 549 S. LUCERNE BLVD.;LOS ANGELES, CA	REVOLVING CHARGE ACCOUNT	Type of Liability
\$1,000,001 - \$5,000,000	\$10,001 - \$15,000	Amount of Liability

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## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name MAXINE WATERS

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spouse or dependent child that is totally independent of his or her relationship to you. the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Food? Member Included? (Y/N) (Y/N)	Days not at sponsor's expense
APRIL 4TH FOUNDATION, INC	April 4-5	LA-Memphis-LA	~	~	Z	None
OLD JERUSALEM MISSIONARY	April 21-22	April 21-22 DC-Havana,FL-DC	~	~	Z	None
WILEY COLLEGE	May 11-12	May 11-12 DC-Marshall,TX-St.Louis	~	~	<b>*</b>	None
LET'S START INC.	July 20-21	July 20-21 DC-St.Louis-DC	~	~	Z	None
NO.CHARLESTON NAACP	Sept.21-22	Sept.21-22 LA-Charleston,SC-LA	~	~	Z	None

## SCHEDULE VIII - POSITIONS

Name MAXINE WATERS

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Dosition	
President	Black Women's Forum
Director	Gourmet Services
Director	Minority AIDS Project
Director	Clara Elizabeth Jackson Carter Foundation, Spellman College
Director	African American 2000 and Beyond